## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correcte maintenance fee notifica	ed below or directed oth	ng the Patent, advance of nerwise in Block 1, by (a	rders and notification of a) specifying a new corre	spondence address;	and/or (	b) indicating a sepa	arate "FEE	E ADDRESS" lot	
CURRENT CORRESPOND	No Fee par hav	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
Pamela R. Cro Patent Legal Sta Eastman Kodak	ff	I he Sta	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
343 State Street Rochester, NY 1	4650 2201		(Depositor's name)						
Rochester, 1v1-1	4030-2201							(Signature)	
								(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	<b>t</b>	ATTORNEY DOCKET NO.		CONFIR	CONFIRMATION NO.	
10/780,436 ITTLE OF INVENTION	02/17/2004 : ANTHRACENE DER	IVATIVE HOST HAVIN	Michele L. Ricks G RANGES OF DOPAN	TS	;	87443RLO		2002	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	I	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	\$1700		(	07/10/2007	
EXAM	INER	ART UNIT	CLASS-SUBCLASS						
GARRETT	, DAWN L	1774	428-690000	_					
"Fee Address" ind PNO/SB/47; Rev 03-0 Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Uni recordation as set for (A) NAME OF ASSIGNATION (A) NAME	ND RESIDENCE DATA LESS an assignee is ident ASTMAN KODAN GNEE 43 STATE STREE	" Indication form ned. Use of a Customer  A TO BE PRINTED ON The control of the customer of th		le firm (having as a agent) and the nam orneys or agents. If a printed.  pe) patent. If an assign assignment.  Y and STATE OR C	member es of up no name ee is ider	a 2to is 3			
4a. The following fee(s):	are submitted:	46	o. Payment of Fee(s): (Ple A check is enclosed. Payment by credit ca The Director is hereb overpayment, to Depo	ase first reapply at	y previo	ously paid issue fee	shown ab	oove)	
5. Change in Entity Stat	tus (from status indicated s SMALL ENTITY state		☐ b. Applicant is no lor	gar alaiming SMAI	I ENTI	TV status See 27 Cl	ED 1 27(a)	)(2)	
NOTE: The Issue Fee and	d Publication Fee (if requ		d from anyone other than						
Authorize 1 Signature		Personal for		•		38, 30	)D)		
This collection of inform in application. Confident submitting the completed his form and/or suggesti	ation is required by 37 C tiality is governed by 35 I application form to the ons for reducing this bur irginia 22313-1450. DC	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the	on is required to obtain or 1.14. This collection is es depending upon the indice Chief Information Offic COMPLETED FORMS T	retain a benefit by t timated to take 12 r vidual case. Any co er, U.S. Patent and	he public ninutes to mments Tradema	which is to file (and complete, including on the amount of tirk Office, U.S. Depart	ig gatherin ne you rec artment of	ng, preparing, and quire to complete Commerce, P.O.	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Date Mailed: June 28, 2007

## "FEE ADDRESS" INDICATION FORM

Address to:
Mail Stop M Correspondence
Director of the US Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the following address:										
Thompson IP M 300 Franklin Ce 29100 Northwes Southfield, Mich	nter									
Customer Number if assigned <u>01333</u> in the following listed application(s) or patent(s) for which the Issue Fee has been paid.										
PATENT NUMBER  (if known)	SERIAL NUMBER 10/780,436	PATENT DATE (if known)	U.S. FILING DATE 2/17/2004							
PLEASE VOID ALL PREVIOUS FEE ADDRESSES. THANK YOU.										
Typed name of person signing Frank Pincelli										
Signed trank Pinallifear										
(check one) Owner of record										
	_X_ Owner's attorne	ey or agent of record	27,370 (Reg. No.)							